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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	<b>09/657,431</b>	
	<b>Filing Date</b>	<b>September 7, 2000</b>	
	<b>First Named Inventor</b>	<b>Dominique P. BRIDON</b>	
	<b>Group Art Unit</b>	<b>1654</b>	
	<b>Examiner Name</b>	<b>B. Chism</b>	
<b>Total Number of Pages in This Submission</b>	<b>30</b>	<b>Attorney Docket Number</b>	<b>500862001400</b>

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form - 1 pg IN DUPL</b>  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney  <input checked="" type="checkbox"/> <b>Terminal Disclaimer - 1 pg</b>  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter - 1 pg  <input type="checkbox"/> Other Enclosure(s) (please identify below)  <b>1. Sequence Listing (paper copy) - 16 pgs</b> <b>2. Sequence Listing (identical to paper copy) CRF - 1 disk</b>
<input checked="" type="checkbox"/> <b>Amendment/Reply - RESPONSE TO OA OF 4/29/05 - 10 pgs</b>  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement - 3 pgs  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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<b>Date</b>	<b>July 29, 2005</b>

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